FORM D

913083

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. FEB 0 3 2006 / SECTION 4(b), AND ...
UNITED OFFERING EXEMPTION

OMB APPROVAL OMB Number:.....3235-0076 Expires: April 30, 2008 Estimated average burden hours per form16.00 SEC LISE ONLY

rial

Name of Offering	(check if this is an a	mendment and name	has changed, and ir	ndicate change.)	
Issuance of Limited	d Partnership Interests	of Snowdon Limited I	Partnership		
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6) ☐ ULOÉ
Type of Filing:	☐ New Filing				A STANFACE STANFACE
		A. BASI	C IDENTIFICAT	ION DATA	(jan 3 1 2006)
1. Enter the inform	nation requested about th	e issuer			Sin. Pol
Name of Issuer	check if this is an a	mendment and name l	nas changed, and in	dicate change.	
Snowdon Limited I	Partnership				10 C- 137
Address of Executiv	e Offices		(Number and Stree	et, City, State, Zip Co	de) Telephone Number (Including Area Code
1119 St. Paul Stree	t, Baltimore, Maryland 2	1202			(410) 385-2645
Address of Principal	Offices		(Number and Stree	et, City, State, Zip Coo	de) Telephone Number (Including Area Code
(if different from Exe	ecutive Offices)				
Brief Description of I	Business: Private In	vestment Company			
Type of Business Or	rganization				
	□ corporation	🛛 limited į	partnership, already	formed	other (please specify)
	business trust	☐ limited ;	partnership, to be for	rmed	
			Month	Year	
Actual or Estimated	Date of Incorporation or C	Organization:	0 9	9	3 ☐ Actual ☐ Estimated
Jurisdiction of Incom	ooration or Organization:	(Enter two-letter U.S. I	Postal Service Abbre	eviation for State;	
	••			r other foreign jurisdic	etion) M D

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are

not required to respond unless the form displays a currently valid OMB control number.

	A Second	A. BASIC II	DENTIFICATION DATA	1	
Each beneficial ovEach executive off	the issuer, if the iss vner having the pov icer and director of	uer has been organized wit ver to vote or dispose, or di			a class of equity securities of the issuer; tnership issuers; and
Check Box(es) that Apply:	☑ Promoter	Beneficial Owner	☐ Executive Officer	Director	☑ General and/or Managing Partner
Full Name (Last name first,	if individual):	Nevis Capital Manag	ement LLC		
Business or Residence Add	dress (Number and	Street, City, State, Zip Coo	de): 1119 St. Paul Stree	et, Baltimore, Mar	ryland 21202
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Wilmerding, David R	. III		
Business or Residence Add	dress (Number and	Street, City, State, Zip Coo	de): 1119 St. Paul Stree	et, Baltimore, Mar	yland 21202
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first,	if individual):	Baker, Jon C.			
Business or Residence Add	dress (Number and	Street, City, State, Zip Coo	de): 1119 St. Paul Stree	et, Baltimore, Mar	yland 21202
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	A			
Business or Residence Add	dress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):			30	
Business or Residence Ade	dress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):		The second secon		
Business or Residence Add	dress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	dress (Number and	Street, City, State, Zip Cod	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	dress (Number and	Street, City, State, Zip Cod	le):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В,	INFORM	MATION	ABOUT	OFFER	ING				
1. Has	s the issue	rsold, or o	does the is	suer inten			edited inve					☐ Yes	⊠ No	
2. Wh	at is the m	inimum in	vestment t	hat will be	accepted	from any i	ndividual?	••••••	••••••	*********	•••••	\$ <u>1,000,000*</u> *may be waived		
3. Do	es the offe	ring permit	t joint own	ership of a	single uni	t?		•••••				Yes	i □ No	
any offe and	er the info commissi ering. If a p d/or with a cociated pe	on or simil person to t state or st	lar remune be listed is ates, list th	ration for a an associ ne name of	solicitation ated perso f the broke	of purcha on or agen or or dealer	sers in cor t of a brok r. If more t	nnection w er or deale than five (5	ith sales o or registere 5) persons	f securities d with the to be liste	s in the SEC d are			
Full Nan	ne (Last na	ıme first, if	individual)										
Busines	s or Reside	ence Addr	ess (Numb	er and Str	eet, City,	State, Zip	Code)							
Name of	Associate	d Broker o	or Dealer											
	Which Pe												☐ All States	
☐ [AL]	☐ [AK]	[AZ]	☐ [AR]		☐ [CO]			□ [DC]		☐ [GA]	☐ [Hi]	[ID]	_	
	□ [NI]	□ [IA]	☐ [KS]	□ [KY]	□ [LA]	☐ [ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]		
☐ [MT]	□ [NE]	[NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	[HO]		□ [OR]	□ [PA]		
□ [RI]	□ [sc]	☐ [SD]	□ [TN]	□ [TX]		□ [VT]	[AV]	□ [WA]	[M∧]	[WI]		□ (PR)		
Full Nan	ne (Last na	ıme first, if	individual)										
Busines	s or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip	Code)							
Name of	Associate	d Broker o	or Dealer								1 9/11 - 1 - 11			
	Which Pe												☐ All States	
☐ [AL]	□ [AK]	□ [AZ]	☐ [AR]	CA]	□ [CO]	CT]	□ [DE]		□ [FL]	□ [GA]	☐ [HI]	[ID]		
	□ [IN]	□ [IA]	☐ [KS]	[KY]	□ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	□ [MN]	☐ [MS]	[MO]		
□ [MT]											[OR]	☐ [PA]		
[RI]	☐ [SC]		[מדן	□ [TX]		[\(\triangle(\tr	□ [VA]	[WA]	[WV]	[WI]		[PR]		
Full Nan	ne (Last na	me first, if	individual)										
Busines	s or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)							
Name of	Associate	d Broker o	or Dealer											
	Which Pe												☐ All States	
☐ [AL]	□ [AK]	[AZ]			•		□ [DE]			☐ [GA]	[HI]	□ [ID]		
	□ [IN]	[IA]	☐ [KS]	[KY]	□ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	☐ [MI]	☐ [MN]	☐ [MS]	[MO]		
[MT]	□ [NE]	□ [NV]	□ [NH]	[MJ]			☐ [NC]					□ [PA]		
☐ [RI]		☐ [SD]	□ [TN]		[TU]	[VT]	□ [VA]	□ [WA]	□ [WV]	□ [WI]	□ [WY]	☐ [PR]		
				(Use bla	nk sheet, c	or copy and	d use addi	tional copi	es of this s	heet, as n	ecessary)			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	<u> \$ </u>	0	\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	<u>\$</u>	0
	Partnership Interests	\$	100,000,000	<u>\$</u>	31,721,579
	Other (Specify)	<u>\$</u>	0	\$	0
	Total	\$	100,000,000	\$	31,721,579
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors		37	\$	31,721,579
	Non-accredited Investors	·	0	\$	0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE			-	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A_	\$	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	•••••	🗖	\$	0
	Printing and Engraving Costs	•••••		\$	0
	Legal Fees		🖾	\$	104,572
	Accounting Fees	•••••	🗖	\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)		🗖	\$	0
	Other Expenses (identify)			\$	0
	Total			\$	104,572

	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPE	NSES	AND USE OF PRO	CEEDS		
ŀ	b. Enter the difference between the aggregate offering p Question 1 and total expenses furnished in response to Pa "adjusted gross proceeds to the issuer."	art C-Question 4.a. This differen	ice is the	e	<u>\$</u>	99,895,428	
5	Indicate below the amount of the adjusted gross proceeds used for each of the purposes shown. If the amount for ar estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in response	ny purpose is not known, furnish e total of the payments listed mu	an st equal	Payments to Officers, Directors & Affiliates		Payments to Others	
	Salaries and fees			\$		\$	
	Purchase of real estate			<u>\$</u>	_ 🗅	\$	
	Purchase, rental or leasing and installation of mach	hinery and equipment		\$	_ 🗆	\$	
	Construction or leasing of plant buildings and facilit	ties		\$	_ 🗆	\$	
	Acquisition of other businesses (including the value offering that may be used in exchange for the asse pursuant to a merger	ets or securities of another issuer		\$		\$	
	Repayment of indebtedness			\$		\$	
	Working capital			\$	🛛	\$99,895,428	
	Other (specify):			\$	_ 🗆	\$	
				\$		\$	
	Column Totals			\$	_ 🛛	\$99,895,428	
	Total payments Listed (column totals added)			⊠ <u>\$</u>	99,895,428		
		D. FEDERAL SIGNATUR	₹E				
O	is issuer has duly caused this notice to be signed by the unnstitutes an undertaking by the issuer to furnish to the U.S. the issuer to any non-accredited investor pursuant to parag	Securities and Exchange Comm					
SS	suer (Print or Type)	Signature			Date		
Sn	owdon Limited Partnership	In C Bale			January	y 30, 2006	
	me of Signer (Print or Type) n C. Baker	Title of Signer (Print or Type) Vice President of Nevis Capital	Managa	ment II C. General Bort	ner of the	leeuer	
,,,	I O. Danel	vice riesident of Nevis Capital	iviai iaye	ment LLO, General Part	iei oi uie	199061	

ATTENTION

	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?							
1.								
	See A	opendix, Column 5, for state response.						
2.			is notice is filed a notice on Form D					
3.	The undersigned issuer hereby undertakes to fe	mish to the state administrators, upon written request,	information furnished by the issuer to offerees.					
4.	Exemption (ULOE) of the state in which this not	ice is filed and understands that the issuer claiming the						
		nts to be true and has duly caused this notice to be sign	ned on its behalf by the undersigned duly					
Issuer (I	Print or Type)	Signature	Date					
Snowdo	n Limited Partnership	In C Bake	January 30, 2006					
Name o	f Signer (Print or Type)	Title of Signer (Print or Type)						
Jon C. E	Baker	Vice President of Nevis Capital Management LLC, General Partner of the Issuer						

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	;	2	3			4		5	
	Intend to non-a investors	l to sell ccredited	Type of security and aggregate offering price offered in state (Part C – Item 1)		amount purch	ovestor and hased in State – Item 2)		Disquali under Sta (if yes, explana waiver g (Part E -	fication te ULOE attach ation of granted)
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									1
CA		Х	\$100,000,000	3	\$1,081,869	0	\$0		х
co				,					
СТ		х	\$100,000,000	1	\$1,542,020	0	\$0		х
DE		х	\$100,000,000	1	\$173,282	0	\$0		х
DC		х	\$100,000,000	2	\$646,474	0	\$0		х
FL		Х	\$100,000,000	3	\$1,609,881	0	\$0		х
GA		Х	\$100,000,000	1	\$771,655	0	\$0		х
н									
ID									
IL		х	\$100,000,000	3	\$1,025,574	0	\$0		х
IN									
IA									
KS									
KY									
LA									
ME									
MD		Х	\$100,000,000	10	\$19,424,889	0	\$0		х
MA		Х	\$100,000,000	1	\$142,263	0	\$0		x
MI									
MN		х	\$100,000,000	1	\$500,224	0	\$0		х
MS				****			7. ·····		
МО									
МТ						·			
NE									
NV					··				
NH									
NJ						1			

1	2		3		4					
	to non-a	I to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Amount purc	nvestor and hased in State – Item 2)		Disquali under Sta (if yes, explana waiver g	attach attach ation of granted)	
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NM										
NY		Х	\$100,000,000	3	\$796,264	0	\$0		х	
NC										
ND										
он		х	\$100,000,000	1	\$285,948	0	\$0		х	
ок										
OR										
PA										
RI										
sc										
SD										
TN										
TX		Х	\$100,000,000	2	\$1,262,005	0	\$0		Х	
UT										
VT										
VA		Х	\$100,000,000	2	\$1,722,056	0	\$0		X	
WA									ļ	
wv									<u> </u>	
WI								ļ		
WY										
PR										
ION- US	· · · · · · · · · · · · · · · · · · ·	х	\$100,000,000	3	\$790,059	0	\$0			